

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2322AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2011
NAME OF PROVIDER OR SUPPLIER MONACO RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10101 DOUBLE R BLVD RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/6/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 40 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 29. Ten resident files were reviewed and 11 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 255 SS=C	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 1/6/11, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>1. Cleaning and Sanitation Issues:</p> <p>a. Several food items were stored on milk crates in the walk-in refrigerator/freezer and dry storage room.</p> <p>b. The Robot Coupe food processor plastic container and lid were cracked.</p> <p>c. The following non-food contact surfaces of equipment were found soiled: the kitchen can opener housing bracket, the small kitchen mixer, the bakery oven ventilation covers, and the backside of the walk-in refrigerator condenser unit.</p> <p>d. The handwashing sink, located in the dishwashing area, was not draining properly.</p> <p>e. Ceiling vent covers, located in the dry storage room, bakery, and janitors closet, were soiled with dust and debris.</p> <p>2. Equipment and Maintenance Issues:</p> <p>a. The condensate drain line for the bakery proofer was draining onto a soiled rag on the bakery floor.</p>	Y 255			

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Y 255	Continued From page 2 b. The walk-in refrigerator gaskets were damaged. Severity 1: Scope: 3	Y 255			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 1/6/11, the facility failed to ensure that 3 of 10 residents received medications as prescribed (Resident #2 - Scopalamine; Resident #4 - Triamcinolone Cream; and Resident #8 - Vicodin 5-500mg). Findings include: The resident had been prescribed Scopalamine 0.4 milligrams, one patch behind the ear every 72 hours as needed for secretions. The pharmacy provided the wrong strength of Scopalamine patches (1.5 milligrams). The resident had not	Y 878			

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Y 878	Continued From page 3 yet received the wrong dose of this medication, however the facility failed to discover the error when the medication was received from the pharmacy. Severity: 2 Scope: 2	Y 878			

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